following summary of the series is of interest: males, 9; females, 9; ages from four months to nine years; vomiting ceased immediately and permanently in 9 cases (50 per cent.), was markedly lessened in 8 (44 per cent.), and was not lessened in 1 (6 per cent.); there were beneficial results in 17 cases and failure in 1; cough ceased immediately in 9 and was not lessened in 6.

The most striking value of the method as applied to the whole series can be gathered from the statement that there was a reduction of vomiting spells from 3951 a week to 463 a week. For these reasons the author bespeaks a fair and impartial trial of his method at the hands of the profession. An interesting fact that has been brought out by this study is the observation that in untreated cases of the disease a ratio of 2 to 3 between vomiting and cough paroxysms is very generally noted. This ratio is at once disturbed by the application of the elastic belt.

Gonococcus Infections in Children.—L. Emmett Holt (*Proceedings of the New York Academy of Medicine*, March 2, 1905; *Archives of Pediatrics*, May, 1905, p. 369) relates his experience with gonococcic infection in the Babies' Hospital during the past eleven years. He advises substituting the terms gonococcus ophthalmia, vaginitis, or arthritis for the terms gonorrhœal ophthalmia, etc., as these latter suggest a venereal origin, which is seldom the case in young children. His conclusions are worth quoting:

1. We must recognize gonococcus vaginitis as a very frequent disease and one to be constantly reckoned with in institutions for children. It is also very frequent in dispensary and tenement practice, and not uncommon in private practice of the better sort.

2. In its milder forms and in sporadic cases it is extremely annoying, because so intractable; in its severe form it may be dangerous to life through setting up an acute gonococcus pyæmia or infection of the serous membranes, and in its epidemic form it is a veritable scourge in an institution.

3. The highly contagious character of gonococcus vaginitis makes it imperative that children suffering from it should not remain in the same wards or dormitories with other children. A similar danger, though less in degree, exists with the gonococcus ophthalmia and acute gonococcus arthritis or pyæmia.

4. It is practically impossible to prevent the spreading of the disease, if infected children remain in the wards with others. They must either be excluded from the hospital, or, if admitted, immediately quarantined.

5. Cases of gonococcus vaginitis can only be excluded from hospital wards by the systematic microscopic examination of a smear from the vaginal secretion of every child admitted. If a purulent vaginal discharge is present such examinations are imperative, and should be made as a matter of hospital routine, as the taking of throat cultures in children with tonsillar exudates. In the absence of a bacteriological examination a purulent discharge in a young child may be assumed to be due to the gonococcus.

6. The quarantine .o be effective must extend to nurses and attendants, as well as to children. Furthermore, the napkins, bedding, and other clothing of infected children must be washed separately from that of the rest of the house.

7. When the gonococcus is found with no vaginal discharge or with a very slight discharge, children should also be quarantined, although it is impossible at present to say to what degree such cases may be dangerous in the ward. One of the greatest difficulties in connection with the gonococcus vaginitis arises from the prolonged quarantine rendered necessary, from the fact that these cases are of a very chronic character and very resistant to treatment.

8. The danger to nurses from accidental infection, especially in the eyes, is considerable. At the present time we are not sufficiently instructed in this respect.

OBSTETRICS.

UNDER THE CHARGE OF

EDWARD P. DAVIS, A.M., M.D.,

PROFESSOR OF OBSTETRICS IN THE JEFFERSON MEDICAL COLLEGE; PROFESSOR OF OBSTETRICS AND DISEASES OF INFANCY IN THE PHILADELPHIA POLYCLINIC; CLINICAL PROFESSOR OF DISEASES OF CHILDREN IN THE WOMAN'S MEDICAL COLLEGE; VISITING OBSTETRICIAN TO THE PHILADELPHIA HOSPITAL, ETC.

The Pathological Anatomy and Pathogenesis of the Toxæmia of Pregnancy.—EWING, Professor of Pathology in the Medical Department of Cornell University, in the *American Journal of Obstetrics*, February, 1905, publishes a paper recently read before the New York Obstetrical Society.

He has for some time studied the pathology of the hepatic toxæmia of pregnancy and demonstrated the hepatic lesions of three clinical manifestations of the toxæmia of pregnancy. In at least 95 per cent. of all varieties of eclampsia, hemorrhagic hepatitis is found. In fatal cases this lesion is always present. The liver is usually normal in size, reduced in consistence, with many minute hemorrhagic foci in surface and section. Microscopically, a uniform and intense granular hydropic and fatty degeneration of the liver cells, with disorganization of protoplasm, is present. Focal necroses are numerous. There are many minute hemorrhages. This condition is pathognomonic of the disease.

The second is acute yellow atrophy. This is illustrated by the case of a patient, aged twenty-one years, pregnant four and a half months, suffering for two weeks with severe headache, epigastric pain, and vomiting. Emesis gradually ceased, but headache continued, and the patient became disturbed mentally. There was slight fever, epistaxis, jaundice, and muscular twitchings, with one general convulsion two hours before death. The urine was without albumin and casts. Leucin and tyrosin were present.

The liver was slightly reduced in size, its consistence reduced, and on section it was mottled red and yellow. There was complete degeneration of the inner two-thirds of the lobules and intermediate zone of necrotic cells, and a narrow peripheral zone showing slight degeneration.